



# KANSAS DRUG UTILIZATION REVIEW NEWSLETTER

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Welcome to the fall 2013 edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, LLC (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

## APA Choosing Wisely

### Background

The American Psychiatric Association (APA) recently released a list of five key antipsychotic prescribing issues that address some of the most common diversions from recommended practice. Unnecessary, and sometimes harmful, antipsychotic prescribing habits often result from a provider's first reaction to move directly to an antipsychotic before considering other evidence-based alternatives that are safer and may be less costly.

These recommendations, which address potentially unnecessary and sometimes harmful prescribing, are part of the Choosing Wisely initiative from the American Board of Internal Medicine (ABIM) Foundation. This initiative has brought together leading specialty societies to develop 30 evidence-based lists of tests and procedures in their field that may be overused or inappropriate. The lists are designed to prompt conversations between patients and providers about what care is really necessary.

### APA Antipsychotic Prescribing Recommendations

The following is adapted from the APA's recommendations:

***Don't prescribe antipsychotic medications to patients for any indication without appropriate initial evaluation and appropriate ongoing monitoring.***

Metabolic, neuromuscular, and cardiovascular side effects are common in patients receiving antipsychotic medications for any indication. A thorough initial evaluation is necessary to ensure that the use of an antipsychotic medication is clinically warranted and ongoing monitoring is necessary to identify potential side effects.

***Don't routinely prescribe two or more antipsychotic medications concurrently.***

Research shows that the use of two or more antipsychotic medications occurs in 4-35% of outpatients and 30-50% of inpatients. Evidence showing the safety and effectiveness of using two or more antipsychotic medications is limited and the risk for drug interactions, noncompliance, and medication errors is increased. Generally, the use of two or more antipsychotic medications concurrently should be avoided except in cases of three failed trials of monotherapy, which include one failed trial of Clozapine where possible, or where a second antipsychotic medication is added with a plan to cross-taper to monotherapy. ***Continued on page 2.***

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### Helpful Web Sites

#### KMAP Web Site

<https://www.kmap-state-ks.us/>

#### KDHE-DHCF Web Site

<http://www.kdheks.gov/hcf/>

#### KanCare Web Site

<http://www.kancare.ks.gov/>

### Fee-For-Service (FFS) Helpful Numbers

#### Provider Customer Service

(Provider Use Only)

1-800-933-6593

#### Beneficiary Customer Service

1-800-766-9012

#### KMAP PA Help Desk

1-800-285-4978

Please send questions or  
comments regarding this  
newsletter to  
[KSDURNewsletter@hidinc.com](mailto:KSDURNewsletter@hidinc.com)

## APA Choosing Wisely (continued)

*Continued from page 1.*

***Don't use antipsychotics as a first choice to treat behavioral and psychological symptoms of dementia.***

Behavioral and psychological symptoms of dementia are defined as non-cognitive symptoms and behaviors, including agitation or aggression, anxiety, irritability, depression, apathy, and psychosis. Evidence shows that risks tend to outweigh the potential benefits of antipsychotic medications in this population. Antipsychotic medications should be limited to cases where non-pharmacologic measures have failed and the patients' symptoms may create a threat to the patient or others.

***Don't routinely prescribe antipsychotic medications as a first-line intervention for insomnia in adults.***

There is inadequate evidence to support the efficacy of antipsychotic medications to treat insomnia that is primary or due to another psychiatric or medical condition. The few studies that have been conducted show mixed results.

***Don't routinely prescribe antipsychotic medications as a first-line intervention for children and adolescents for any diagnosis other than psychotic disorders.***

Recent research indicates that the use of antipsychotic medications in children has increased by 30% in the past 10-15 years, but the rate of psychosis has not increased at the same rate. This increase in use appears to be disproportionate among children from low-income families, minority children, and children with externalizing behavior disorders. Evidence for the efficacy and tolerability in children and adolescents is inadequate and there are notable concerns about weight gain, metabolic side effects, and a potentially greater tendency for cardiovascular changes in children than in adults.

### Conclusion

The purpose of the antipsychotic recommendations is not to say that antipsychotic medications are always inappropriate for these situations but rather, that other treatment options should be considered first. Antipsychotic medications are a valuable tool in treating patients with serious mental illness; however, they carry the risk of harmful side effects. Unnecessary use or overuse of antipsychotic medications can contribute to chronic health problems, such as metabolic, neuromuscular, or cardiovascular disorders. Because of these risks, antipsychotics should not be used routinely when other safer, evidence-based options are available.

### References:

American Psychiatric Association. ABIM Foundation. Five Things Physicians and Patients Should Question. *Choosing Wisely*. Sept 2013. Available at <http://www.choosingwisely.org/doctor-patient-lists/american-psychiatric-association/>. Accessed Sep 27 2013.

The Call Center phone numbers for the three Managed Care Organizations participating in KanCare are listed below. For more information on KanCare visit <http://www.kancare.ks.gov/index.htm>.

KanCare MCO/PBM Call Center Numbers				
Plan Name	PBM	Pharmacy	PA	Beneficiary
Amerigroup of Kansas, Inc.	CVS/Caremark	1-800-364-6331	1-855-323-4696	1-800-600-4441
Sunflower State Health Plan	US Script	1-877-249-2718	1-877-397-9526	1-877-644-4623
UnitedHealthcare of the Midwest	OptumRx	1-877-305-8952	1-800-310-6826	1-877-542-9238

## Preferred Drug List

The Preferred Drug List (PDL) is maintained by KDHE-DHCF. Each MCO and KMAP follow the same PDL. Below is a list of current preferred agents. A complete list of both preferred and non-preferred agents may be found on the KDHE-DHCF Web site. The Preferred Drug List is typically updated on the first of each month; please visit the KDHE-DHCF Web site for the most recent version: [http://www.kdheks.gov/hcf/pharmacy/pharmacy\\_druglist.html](http://www.kdheks.gov/hcf/pharmacy/pharmacy_druglist.html).

Allergy, Asthma, & COPD Agents	Analgesics (continued)	Antihyperlipidemics (continued)	Cardiovascular Agents (continued)
<b>Anticholinergics for the Maintenance of COPD</b>	<b>Muscle Relaxants (Spasticity)</b>	<b>Statins</b>	<b>Beta-Blockers</b>
Spiriva® (tiotropium)	Lioresal® (baclofen)	Lipitor® (atorvastatin)	Betapace® (sotalol)
<b>Combination Products for Allergic Rhinitis</b>	Zanaflex® (tizanidine)	Lovastatin generics	Betapace AF® (sotalol AF)
Dymista® (azelastine/fluticasone)	<b>*tablets only</b>	Mevacor® (lovastatin)	Blocadren® (timolol)
<b>Short-Acting Beta<sub>2</sub>-Agonists</b>	<b>Ophthalmic NSAIDs</b>	Pravachol® (pravastatin)	Coreg® (carvedilol)
AccuNeb® (albuterol)	Acular® (ketorolac)	Zocor® (simvastatin)	Corgard® (nadolol)
ProAir HFA® (albuterol)	Acular LS® (ketorolac)	<b>Anti-Infectives</b>	Inderal® (propranolol)
Proventil® (albuterol)	Acuvail® (ketorolac)	<b>Antih herpes Virus Agents</b>	InnoPran® XL (propranolol XL)
Ventolin® (albuterol)	Ilevro® (nepafenac)	<b>*oral dosage forms only</b>	Kerlone® (betaxolol)
<b>Long-Acting Beta<sub>2</sub>-Agonists</b>	Nevanac® (nepafenac)	<b>Biologics</b>	Lopressor® (metoprolol tartrate)
<b>*Clinical PA may be required</b>	Ocufen® (flurbiprofen)	<b>Adult Rheumatoid Arthritis</b>	Propranolol® Intensol (propranolol)
Foradil® (formoterol)	Voltaren® Ophthalmic (diclofenac)	<b>*Clinical PA may be required</b>	Sectral® (acebutolol)
Serevent® (salmeterol)	<b>Oral NSAIDs</b>	Enbrel® (etanercept)	Tenormin® (atenolol)
<b>Inhaled Long-Acting Beta<sub>2</sub>-Agonists/Corticosteroids</b>	Advil® (ibuprofen)	Humira® (adalimumab)	Toprol XL® (metoprolol succinate)
Advair® (fluticasone/salmeterol)	Aleve® (naproxen)	<b>Ankylosing Spondylitis</b>	Visken® (pindolol)
Dulera® (formoterol/mometasone)	Anaprox® (naproxen)	<b>*Clinical PA may be required</b>	<b>CCBs (Dihydropyridines)</b>
<b>Inhaled Corticosteroids</b>	Anaprox DS® (naproxen)	Enbrel® (etanercept)	Adalat CC® (nifedipine ER)
Asmanex® (mometasone)	Ansaid® (flurbiprofen)	Humira® (adalimumab)	Cardene® (nicardipine IR)
Flovent® (fluticasone)	Cataflam® (diclofenac potassium)	<b>Crohn's Disease</b>	DynaCirc® (isradipine)
Pulmicort Respules® (budesonide)	Clinoril® (sulindac)	<b>*Clinical PA may be required</b>	DynaCirc® CR (isradipine)
<b>*≤6 years of age only</b>	EC-Naprosyn® (naproxen)	Humira® (adalimumab)	Norvasc® (amlodipine)
QVAR® (beclomethasone)	Feldene® (piroxicam)	Remicade® (infliximab)	Procardia XL® (nifedipine ER)
<b>Intranasal Corticosteroids</b>	<b>*branded products only</b>	<b>Juvenile Idiopathic Arthritis</b>	<b>CCBs (Non-Dihydropyridines)</b>
Flonase® (fluticasone)	Indocin® (indomethacin)	<b>*Clinical PA may be required</b>	Calan® (verapamil IR)
Nasacort AQ® (triamcinolone)	Lodine® (etodolac)	Enbrel® (etanercept)	Calan® SR (verapamil SR)
<b>*branded products only</b>	Mobic® (meloxicam)	Humira® (adalimumab)	Cardizem® (diltiazem IR)
Nasonex® (mometasone)	Motrin® (ibuprofen)	<b>Plaque Psoriasis</b>	Covera HS® (verapamil)
Qnasl® (beclomethasone)	Motrin IB® (ibuprofen)	<b>*Clinical PA may be required</b>	<b>*branded products only</b>
Veramyst® (fluticasone)	Naprelan® (naproxen)	Enbrel® (etanercept)	Diltia XT® (diltiazem)
<b>Intranasal Antihistamines</b>	Naprosyn® (naproxen)	Humira® (adalimumab)	<b>*brand &amp; AB-rated generics</b>
Astelín® (azelastine)	Orudis® (ketoprofen)	<b>Psoriatic Arthritis</b>	Isoptin® SR (verapamil SR)
Patanase® (olopatadine)	Orudis KT® (ketoprofen)	<b>*Clinical PA may be required</b>	Tiazac® (diltiazem)
<b>Non-Sedating Antihistamines</b>	Oruvail® (ketoprofen)	Enbrel® (etanercept)	<b>*brand &amp; AB-rated generics</b>
Claritin® (loratadine)	Relafen® (nabumetone)	Humira® (adalimumab)	Verelan® (verapamil SR)
Zyrtec® (cetirizine)	Tolectin DS® (tolmetin)	<b>Ulcerative Colitis</b>	<b>Central Nervous System Agents</b>
<b>Ophthalmic Antihistamine/Mast Cell Stabilizer Combinations</b>	Tolectin 600® (tolmetin)	<b>*Clinical PA may be required</b>	<b>Adjunct Antiepileptics</b>
Alaway® (ketotifen)	Toradol® (ketorolac)	Humira® (adalimumab)	Gabitril® (tiagabine)
Pataday® (olopatadine)	<b>*limited to a 5 day supply</b>	Remicade® (infliximab)	Keppra® (levetiracetam)
Patanol® (olopatadine)	Voltaren® (diclofenac)	<b>Cardiovascular Agents</b>	Keppra® XR (levetiracetam XR)
Refresh® (ketotifen)	Voltaren® XR (diclofenac)	<b>ACE Inhibitors</b>	Lyrica® (pregabalin)
Zaditor® (ketotifen)	<b>Topical NSAIDs</b>	Accupril® (quinapril)	Neurontin® (gabapentin)
<b>Analgesics</b>	Pennsaid® (diclofenac)	Capoten® (captopril)	Zonegran® (zonisamide)
<b>Long-Acting Opioids</b>	Voltaren® Gel (diclofenac)	Lotensin® (benazepril)	<b>Non-Benzo Sedative Hypnotics</b>
MS Contin® (morphine sulfate ER)	<b>Triptans</b>	Monopril® (fosinopril)	Ambien® (zolpidem)
OxyContin® (oxycodone SR)	Amerge® (naratriptan)	Prinivil® (lisinopril)	Zolpidem generics
<b>Muscle Relaxants (Skeletal)</b>	Axert® (almotriptan)	Vasotec® (enalapril)	<b>Non-Scheduled Sleep Agents</b>
Flexeril® (cyclobenzaprine)	Imitrex® (sumatriptan)	Zestril® (lisinopril)	Rozerem® (remelteon)
Parafon Forte DSC® (chlorzoxazone)	<b>*tablets only</b>	<b>ACE Inhibitors/CCB Combos</b>	<b>Diabetic Agents</b>
Robaxin® (methocarbamol)	Relpax® (eletriptan)	Lotrel® (benzapril/amlodipine)	<b>Alphaglucoosidase Inhibitors</b>
Robaxin-750® (methocarbamol)	<b>Antihyperlipidemics</b>	<b>ARBs</b>	Glyset® (miglitol)
Robaxinal® (methocarbamol/aspirin)	<b>Bile Acid Sequestrants</b>	Benicar® (olmesartan)	<b>Biguanides</b>
	Colestid® (colestipol)	Benicar® HCT (olmesartan/HCTZ)	Glucophage® (metformin)
	Prevalite® (cholestyramine)	Cozaar® (losartan)	Metformin ER generics
	Questran® (cholestyramine)	Diovan® (valsartan)	<b>Dipeptidyl Peptidase-4 Inhibitors</b>
	Questran® Light (cholestyramine)	Diovan® HCT (valsartan/HCTZ)	Januvia® (sitagliptin)
	<b>Fibric Acid Derivatives</b>	Hyzaar® (losartan/HCTZ)	Onglyza® (saxagliptin)
	Fenofibrate generics	Micardis® (telmisartan)	Tradienta® (linagliptin)
	Lopid® (gemfibrozil)	Micardis® HCT (telmisartan/HCTZ)	<b>Incretin Mimetics</b>
	Tricor® (fenofibrate)	<b>ARB/CCB Combos</b>	<b>*Clinical PA may be required</b>
	Trilipix® (fenofibric acid)	Azor® (amlodipine/olmesartan)	Byetta® (exenatide)
		Exforge® (amlodipine/valsartan)	Victoza® (liraglutide)

The list of preferred drugs is continued on page 4. This list was updated on 11/01/2013. Please visit the KDHE-DHCF Web site for the most current version. Please note that when a generic product is available for a preferred or non-preferred agent, the pharmacy will receive a lower reimbursement rate for the branded product unless a DAW PA is approved.

## Preferred Drug List

Continued from page 3.

Diabetic Agents (continued)	Gastrointestinal Agents	Injectables (continued)
<b>Insulin Delivery Systems</b>	<b>H<sub>2</sub> Antagonists</b>	<b>Growth Hormones</b>
All multi-dose vials	Pepcid® (famotidine)	<i>*Clinical PA may be required</i>
Novolog® PenFill & FlexPen	Zantac® (ranitidine)	Genotropin® (somatropin)
Novolog® Mix PenFill & FlexPen	<b>Pancreatic Enzyme Replacements</b>	Genotropin® MiniQuick (somatropin)
<b>Long-Acting Insulin (Vials Only)</b>	Creon® (pancrelipase)	Omnitrope® (somatropin)
Lantus® (insulin glargine)	Ultresa® (pancrelipase)	Saizen® (somatropin)
<b>Meglitinides</b>	Viokace® (pancrelipase)	Tev-Tropin® (somatropin)
Starlix® (nateglinide)	Zenpep® (pancrelipase)	<b>Osteoporosis Agents</b>
<b>2<sup>nd</sup> Generation Sulfonylureas</b>	<b>Proton Pump Inhibitors</b>	<b>Bisphosphonates</b>
Amaryl® (glimepiride)	Prilosec® (omeprazole)	Fosamax® (alendronate)
DiaBeta® (glyburide)	Protonix® (pantoprazole)	Fosamax Plus D®
Glucotrol® (glipizide)	<b>Serotonin 5HT<sub>3</sub> Antagonists</b>	(alendronate/cholecalciferol)
Glucotrol® XL (glipizide XL)	Zofran® (ondansetron)	<b>Ophthalmic Agents</b>
Glucovance® (glyburide/metformin)	Zofran® ODT (ondansetron)	<b>Ophthalmic Prostaglandin Analogs</b>
Glynase PresTab®	<b>Gout Agents</b>	Travatan Z® (travoprost)
(micronized glyburide)	<b>Xanthine Oxidase Inhibitors</b>	Xalatan® (latanoprost)
Micronase® (glyburide)	Zyloprim® (allopurinol)	Zioptan® (tafluprost)
<b>Thiazolidinediones</b>	<b>Injectables</b>	<b>Urologic Agents</b>
Actos® (pioglitazone)	<b>Erythropoiesis-Stimulating Agents</b>	<b>Anticholinergic Agents</b>
ACTOplus Met®	Epogen® (epoetin alfa)	Detrol® (tolterodine)
(pioglitazone/metformin)	Procrit® (epoetin alfa)	Detrol® LA (tolterodine ER)
ACTOplus Met® XR		Ditropan® (oxybutynin)
(pioglitazone/metformin)		Toviaz® (fesoterodine)
Avandia® (rosiglitazone)		Vesicare® (solifenacin)

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